

Section VII: HIV/AIDS & STD

Program Companion Guide to Minimum Program Requirements (MPRs)

MPR

Provide and/or refer clients for HIV and STD screening and treatment, regardless of client ability to pay.

Indicator I.I

Provide HIV and STD screening and treatment services in accordance with the Michigan Public Health Code and Michigan Department of Health and Human Services (MDHHS) accreditation and current quality assurance standards

Departme	ent of Health and Human Services (MDHHS) accreditation and current quality assurance standards.
Local He	ealth Department (LHD) staff should have on hand:
	rotocol and procedures for provision of HIV and STD screening and clinical services.
	Current training records, orientation checklists, or sign-in sheets showing that staff have been trained in the provision of HIV and STD screening and clinical services.
	examples of outreach, recruitment, or promotional activities for the provision of HIV and STD screening and treatment.
	xamples may include press releases, flyers, posters, billboards, and/or social media posts.
	examples of risk assessment forms in use.
MDHHS	staff will verify in advance:
	bout test costs.
	ivalWeb test forms detailing, at minimum, treatment provided, risk reduction counseling, and referral services.
	Recognition:
	atting signifies a special recognition category that may be converted to an indicator in future cycles.
	HD has innovative tools, with regard to LHD resources, to help with outreach, recruitment, or promotional activities.
	HD provides targeted high risk population outreach, recruitment, or promotional activities.
	HD promotes and performs both oral and rectal screening for gonorrhea and chlamydia.
	.HD promotes and/or offers the use of the Human Papillomavirus (HPV) vaccineHD promotes use of pre-exposure prophylaxis (PrEP).
	.HD promotes use of pre-exposure prophylaxis (FFEF)HD maintains MDHHS policy around non-occupational post-exposure prophylaxis (nPEP) and has a plan
	or accessing nPEP, if needed.
	.HD meets or exceeds completeness of required variables for negative cases (e.g. risk profile) by 80% or
	nore, as evaluated by EvalWeb.
	.HD has signed up for the Laboratory Management System (LMS).
Indicator	
	ourt-ordered HIV and STD counseling, testing and referral services and victim notification activities in accordance with the
	Public Health Code: Sec. 333.5129 and MDHHS guidance.
	ff should have on hand:
	Protocol and procedures around court-ordered HIV and STD counseling, testing, and referral services.
	Current training records, orientation checklists, or sign-in sheets showing that staff have been trained in court ordered HIV nd STD counseling, testing, and referral services.
MDHHS n/a	staff will verify in advance:
Special B	Recognition:
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MPR 2

Perform activities necessary to control the spread of HIV and STD infection; conduct reporting and follow-up of HIV, AIDS, and STD cases.

Indicator 2.1

Reporting of HIV AIDS and STD cases are in compliance with the Michigan Communicable Disease Rules and the Michigan Public

Health (Code and in accordance with current MDHHS policy.
LHD st	taff should have on hand:
	Policy around reporting and follow-up for HIV, AIDS, and STD cases.
	Current training records, orientation checklists, or sign-in sheets showing that staff have been trained in case reporting.
	Copy of current HIV case report form in use.
	Examples of education or technical assistance to physicians, laboratories, and other providers (Memorandums of
	Understanding [MOUs], Memorandums of Agreement [MOAs], blast faxes, email, or other communication).
	EvalWeb data feedback report and provider feedback report.
MDHE	IS staff will verify in advance:
	Are submitted case reports complete with the appropriate information? Case report forms will be pulled in advance.
	Are staff signed up for the HIV Surveillance listsery?
	https://public.govdelivery.com/accounts/MIDHHS/subscriber/new?topic_id=MIDHHS_450
	Do LHD staff know their Disease Intervention Specialist (DIS)?
	Do LHD staff know their HIV surveillance contact? http://www.michigan.gov/documents/mdhhs/Untitled_520941_7.pdf
	Are submitted case reports from physicians, laboratories, and other providers complete with the appropriate information?
Specia	I Recognition:
•	matting signifies a special recognition category that may be converted to an indicator in future cycles.
	LHD has demonstrated strong relationships with physicians, laboratories, and other providers in their jurisdiction.
	LHD meets or exceeds completeness of required variables for positive cases by 80% or more, as evaluated
	by EvalWeb.
	LHD meets or exceeds submission requirements of case report forms (within 7 days of testing) by 80% or
	more, as evaluated by eHARS.
Indicat	
	entiality of written and electronic HIV, AIDS, and STD reports and associated patient medical records are maintained in
-	nce with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program
standar	ds issued by MDHHS.
LHD st	taff should have on hand:
	Policy around confidentiality of written and electronic HIV, AIDS, and STD reports and associated patient medical records.
	Current training records, orientation checklists, or sign-in sheets showing that staff have been trained in HIPAA and other
	LHD confidentiality procedures.
MDHH	IS staff will verify:
	If applicable, LHD test counselor ID number/worker IDs are current, as displayed in EvalWeb.
Snecia	I Recognition:
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Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

LHD staff should have on hand:

- $\ \square$ Policy around confidentiality of written and electronic HIV, AIDS, and STD reports and associated patient medical records.
- Current training records, orientation checklists, or sign-in sheets showing that staff have been trained in investigating and responding to situations involving health threats to others.

MDHHS staff will verify in advance:

n/a

Special Recognition:

n/a



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MPR 3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Indicator 3.1

Clients diagnosed with HIV or other STDs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

LHD s	taff should have on hand:
	Protocol and procedures around staff-assisted referrals.
	Comprehensive community resource referral directory to assist with staff-assisted referrals.
	Current training records, orientation checklists, or sign-in sheets showing that staff have been trained on facilitated referrals.
	Examples of active relationships with community resources, including, but not limited to, MOUs, MOAs, meeting minutes and contracts.
	Examples of provider and community education plan for HIV and STDs, including, but not limited to, blast faxes, emails, annual report that includes HIV, AIDS, and STD morbidity and mortality information, or other communications.
	Examples of outreach and educational events in the community, including social media posts, list of events held within accreditation timeframe, or other communication.
MDHE	IS staff will verify in advance:
	Successful linkage of HIV-positive clients to specialty care and partner services via EvalWeb and eHARS.
S pecia	I Recognition:
	LHD has unique and/or well-developed relationship with community partners and resources.
	Community resource referral directory is extensive and innovative.
	LHD has protocol and procedures in place to ensure referrals are completed.
	LHD accesses their out of care client information and uses the information to contact clients to link them into care.



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MPR 4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Indicator 4.1

Individuals diagnosed with HIV, syphilis, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.		
LHD staff should have on hand: □ Protocol and procedures for conducting PS. □ Current training records, orientation checklists, or sign-in sheets showing that staff have been trained on PS. □ Evidence of communication with health care providers, community based organizations, and other providers regarding PS. □ Documentation of field investigations (using the Patient Field Template for PS or equivalent form).		
MDHHS staff will verify in advance: Are staff entering information into Partner Services Web and/or EvalWeb in a timely and appropriate fashion, if applicable? Is information entered into Partner Services Web and/or EvalWeb complete for index clients and partners, if applicable? LHD relationship with DIS (via number of referrals)		
Special Recognition: Bold formatting signifies a special recognition category that may be converted to an indicator in future cycles. LHD has implemented Expedited Partner Therapy (EPT), and it is currently in practice at the LHD. LHD recognizes the importance of dealing with acute cases and follows up on these cases in a timely manner.		



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MPR 5

Provide quality assured and evidence-based HIV and STD prevention and treatment services.

Indicator 5.1

Monitor and evaluate HIV and STD prevention and treatment services

	taff should have on hand: Protocol and procedures for quality assurance in regards to staff competency and performance.
	Evidence of agency-wide and staff inclusive quality assurance activities, such as: quality improvement projects, case conferences, use of trend data to adjust outreach activity.
	Records of staff participating in training and professional development activities.
	County and state data related to HIV and STD prevention and treatment services.
MDHH	IS staff will verify in advance:
	Timely and complete submission of quality assurance reports (rapid test quality assurance logs and the STD Activity and
	Medication Inventory Reports).
	Records of LHD attendance at MDHHS trainings, including the annual conference.
S pecial	I Recognition:
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LHD has an ongoing quality improvement project that will improve HIV and STD program services.